

B6 Summary (Official Form 6 - Summary) (12/14)

**United States Bankruptcy Court**  
**Eastern District of North Carolina**

In re **Charles H Wainright,**  
**Lisa B Wainright**

Debtors

Case No. **15-01314-5**Chapter **12**

**SUMMARY OF SCHEDULES - AMENDED**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>1,142,274.00</b>		
B - Personal Property	<b>Yes</b>	<b>7</b>	<b>2,113,090.73</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>5</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>3</b>		<b>1,344,996.50</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>2</b>		<b>3,000.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>2</b>		<b>156,112.24</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>2,482.59</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>7,742.45</b>
Total Number of Sheets of ALL Schedules		<b>26</b>			
Total Assets			<b>3,255,364.73</b>		
Total Liabilities				<b>1,504,108.74</b>	

**United States Bankruptcy Court**  
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Debtors

Case No. 15-01314-5

Chapter 12

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6F (Official Form 6F) (12/07)

In re **Charles H Wainright,  
Lisa B Wainright**Case No. **15-01314-5**

Debtors

**AMENDED  
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx1609</b>  <b>Ayden Nitrogen</b> <b>Attn: Manager or Officer</b> <b>4728 Old NC 11/P. O. Box 7</b> <b>Ayden, NC 28513</b>	<b>J</b>	<b>Services Rendered</b>				<b>7,903.06</b>
Account No. <b>xxxxxxxxxxxx5094</b>  <b>BB&amp;T</b> <b>Attn: Manager or Officer</b> <b>P. O. Box 2306</b> <b>Wilson, NC 27894</b>	<b>J</b>	<b>Opened 2/01/95 Last Active 1/09/15</b> <b>Credit Card</b>				<b>7,613.00</b>
Account No. <b>xxxxxxxxxxxx3900</b>  <b>Capital One/Best Buy</b> <b>Attn: Manager or Officer</b> <b>P. O. Box 5253</b> <b>Carol Stream, IL 60197</b>	<b>W</b>	<b>Opened 7/01/05 Last Active 1/08/15</b> <b>Charge Account</b>				<b>1,183.00</b>
Account No. <b>xxxxxxxxxxxx2134</b>  <b>First Citizens - A VA Co.</b> <b>Attn: Manager or Officer</b> <b>P. O. Box 27607</b> <b>Raleigh, NC 27611</b>	<b>J</b>	<b>Opened 2/01/93 Last Active 12/16/14</b> <b>Credit Card</b>				<b>11,041.00</b>
Subtotal (Total of this page)						<b>27,740.06</b>

1 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Charles H Wainright,  
Lisa B Wainright**Case No. **15-01314-5**

Debtors

**AMENDED****SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM					
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.									
Account No. <b>*5844</b>	<b>J</b>	<b>Credit Card</b>				<b>5,335.86</b>					
<b>First Citizens Bank Attn: Manager or Officer P. O. Box 1580 Roanoke, VA 24007</b>											
Account No.	<b>J</b>					<b>Unknown</b>					
<b>Harvey Fertilizer &amp; Gas Co. Attn: Manager or Officer 4728 Old NC 11 Ayden, NC 28513</b>											
Account No.	<b>J</b>	<b>730.90 bales of cotton at \$88.00 per bale</b>				<b>64,319.20</b>					
<b>Moye Farms Attn: Manager or Officer 360 Ormondsville Road Ayden, NC 28513</b>											
Account No.	<b>J</b>	<b>667.27 bales of cotton at \$88.00 per bale</b>				<b>58,717.12</b>					
<b>Murray Farms Attn: Manager or Officer P. O. Box 507 Maury, NC 28554</b>											
Account No.											
Sheet no. <b>1</b> of <b>1</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>					
						<b>128,372.18</b>					
						<b>Total (Report on Summary of Schedules)</b>					
						<b>156,112.24</b>					